

## BRIGHT HEART HEALTH MARKETING PLAN

### **Outreach Plan Priorities**

Bright Heart Health determined the following steps would further efforts to integrate expanded MAT services and behavioral health services into existing service delivery systems, and should be addressed through this implementation plan:

- MAT Service Expansion: Improve public access to MAT services and behavioral health services
- Provide a solution to the revolving door issue in County Emergency Departments and Urgent Cares through installation of the BHH DIRECT ACCESS program
- Conduct outreach and coordination with providers across service delivery systems to strengthen networks to engage OUD individuals
- Provide training and academic detailing for providers and key stakeholders on MAT expansion services, naloxone, NAS, and buprenorphine/naloxone
- Convene and plan with County stakeholders regarding the opening of a MU or NTP in 2018
- Create a County OUD MAT services sustainability plan to ensure the perpetuity and funding of OUD services once CA H&SS funding expires
- Coordinate standardized monitoring and evaluation, data collection, and reporting systems.

Priority 1: Emergency Department DIRECT ACCESS Roll-out & Training

*Key Strategy #1: Meet with Emergency Departments to implement the BHH DIRECT ACCESS program. DIRECT ACCESS program creates increased continuity of care by enrolling OUD patients in the Emergency Department directly into care and case management programs.*

Activity	Primary Responsible	Timeline	Outcome
<b>2.1.1 Identify county Emergency Departments &amp; Urgent Care Centers</b>	BHH	July 2017	Key partners identified.
<b>2.1.2 Assess Emergency Department/Urgent Care Center access to Wi-Fi and COWs video-conference capability, hospital tech support</b>	BHH	Ongoing	Infrastructure costs estimated.
<b>2.1.3 Install updated equipment.</b>	BHH	Ongoing	All DIRECT ACCESS infrastructure installed.
<b>2.1.4 Train county Emergency Department staff on DIRECT ACCESS program</b>	BHH	Ongoing	Local staff is trained on DIRECT ACCESS implementation. Increases OUD patient access to continuity of care and MAT.
<b>2.1.5 Provide follow up training for Emergency Department Staff and adjunct support for DIRECT ACCESS program</b>	BHH	Ongoing	Local staff is given follow up training on DIRECT ACCESS implementation. Increases OUD patient access to continuity of care and MAT.

[Hospital Dashboard](#)

County	# of Hospitals	# working with BHH
Sonoma	8	1
Lake	2	0
Yolo	2	0
Napa	2	0
Colusa	1	0

*Note: Data as of March 2018*

Priority 2: Outreach to Individuals, local SUD/ODU resources, & coordination of local OUD-related services

*Key Strategy #1: Meet with opioid coalitions, local SUD services, county health clinics, Emergency Departments, and hospitals to provide information regarding BHH/MAT expansion services.*

*Identify or strengthen integration of behavioral health services into existing health and social service delivery systems.*

Activity	Primary Responsible	Timeline	Outcome
<b>3.1.1 Identify county SUD providers, OUD services, opioid coalition(s), reentry services, county behavioral health services, AI/AN health clinics, needle exchange, Emergency Departments, &amp; Urgent Care Centers, hospitals, family resource centers</b>	BHH/County Opioid Coalition	July – August 2017	Key partners identified.
<b>3.1.2 BHH distributes information to providers regarding MAT expansion project</b>	BHH	August 2017 – January 2019	Providers are aware and have the knowledge of how to refer patients to expanded MAT services.

Activity	Primary Responsible	Timeline	Outcome
<b>3.1.3 BHH meets with AI/AN councils</b>	BHH	August 2018	AI/AN counterparts are aware and have the knowledge of how to refer patients to expanded MAT services.
<b>3.1.4 BHH meets with prevention specialists regarding MAT expansion</b>	BHH	August 2018	Key partners are identified. Prevention specialists are aware and have the knowledge of how to refer patients to expanded MAT services.
<b>3.1.5 BHH builds centralized, County-specific digital webpage of all local OUD resources, peer support, and ancillary support services</b>	BHH	August – September 2018	Central digital source of OUD MAT service information and local treatment centers created. Pages built for reentry services, case mgmt., job support, childcare, education, &c.
<b>3.1.6 BHH works with county SUD/OUD/opioid coalitions to digitize resources</b>	BHH/County Opioid Coalition	Ongoing	Central digital source of OUD literature and local treatment centers created.
<b>3.1.7 Prepare and disburse outreach print and digital materials</b>	BHH	Ongoing	Rack cards, flyers, advertising, e-mail campaign, radio/PSAs, social media
<b>3.1.8 Outreach Maintenance Campaigns</b>	BHH/Counterparts	Ongoing	Maintain outreach through targeted campaigns.

AOD	Discussion BHH	Partnered with BHH
Sonoma – Michael Kennedy	Y	Y
Lake – Todd Metcalf	N	
Yolo – Karen Larsen	Y	N
Napa – Jacqui Connors	Y	Y
Colusa – Terry Rooney	N	

### FQHC Dashboard

Organization	Bup Available ?	Time to Appt	Frequency of Med Mgmt	Counseling	Interested in being Spoke?
Alexander Valley Health Care	Y	15	Varying	Y	Y
Alliance Medical Center	N			N	Y
Jewish Community Free Clinic	N			N	N
Winters Health Care	Y	1	Pt Need	Encouraged	N
Winters Health Care	Y	1	Pt Need	N	N
St. Joseph's Health Medical Group	N			N	Y
Santa Rosa Community Health	Y	7	Wkly	Y	Y
Ole Health	Y	2	2 Wk	Y	Y
West County Health Centers	Y	1	Pt Need	N	Y
Sonoma County Indian Health Project	Y	1	Varies	Y	Y
CommuniCare Health Centers	Y	7	Wkly	Y	N
Petaluma Health Center	Y	1	Wkly	Y	Y
RHC: Arbuckle Medical Office	N				
Colusa Health Clinic	N				

### Law Enforcement/Jails/Probation/Drug Courts

Organization	Discussion BHH	Partnered with BHH
Sonoma – Sheriff	N	
Lake – Sheriff	N	
Yolo – Sheriff	N	
Napa – Sheriff	N	
Colusa – Sheriff	N	
CDCR	Y	Y
Drug Courts – Opportunistic		
Probation – Opportunistic		
City Police - Opportunistic		

#### Primary Care & Pain Management

Organization	Discussion BHH	Partnered with BHH
Sutter	Y	
Hill Physicians	Y	Y
Sonoma Valley Hospital	Y	
Adventist Health	Y	
Prima Health	Y	
Independent Physicians - TBD	N	

#### Opioid Coalitions

Coalition	County	Discussion BHH	Partnered with BHH
RCHC	Sonoma, Napa, Yolo	Y	Y
SafeRX	Lake	Y	Y
None	Colusa	-	-

Priority 3: Training & Academic Detailing

*Key Strategy #1: Academic Detailing related to physician, prescriber, nurse, and pharmacist knowledge of buprenorphine/naloxone MAT provision and services. Identify or strengthen integration of behavioral health services into existing health and social service delivery systems.*

Activity	Primary Responsible	Timeline	Outcome
<b>4.1.1 Identify county providers and SUD/ODU resources regarding MAT services</b>	BHH/SRTP	July 2017	Key partners identified.
<b>4.1.2 Assess knowledge, skills, and aptitude of county providers and resources on MAT services through Needs Assessment</b>	BHH	July – August 2017	Needs Assessment will guide academic detailing curricula and schedule for County.
<b>4.1.3 County-specific academic detailing curricula and training schedule developed</b>	BHH	August 2017	Academic detailing curricula and training schedule for County to train providers about new and expanded MAT services.
<b>4.1.4 Train providers and prescribers</b>	BHH	September – December 2017	Local counterparts are trained. Increases OUD patient access to continuity of care and MAT support.
<b>4.1.5 Provide follow up training providers and prescribers</b>	BHH	December 2017 – July 2018	Local staff is given follow up training. Increases OUD patient access to continuity of care and MAT.
<b>4.1.6 CA H&amp;SS Coordinator tracks provider training data per CA H&amp;SS metrics &amp; included in quarterly reports</b>	BHH	December 2017 – July 2018	Naloxone provider training data recorded for quarterly DHCS CA H&SS reports.

*Key Strategy #2: Naloxone Training for providers, SUD/ODU/Coalitions, and emergency services. Identify or strengthen integration of naloxone usage into existing healthcare delivery systems.*

Activity	Primary Responsible	Timeline	Outcome
<b>4.2.1 Identify county providers and SUD/OD resources regarding naloxone resources and training</b>	BHH/SRTP	July 2017	Key partners identified.
<b>4.2.2 Assess knowledge, skills, and aptitude of county providers and resources on naloxone services through Needs Assessment</b>	BHH	July 2017 – December 2018	Needs Assessment will guide academic detailing curricula and schedule for County.
<b>4.2.3 County-specific naloxone curricula and training schedule developed</b>	BHH	August 2017 – December 2018	Academic detailing curricula and training schedule for County to train providers about naloxone usage.
<b>4.2.4 Train providers and prescribers</b>	BHH	Ongoing	Local counterparts are trained. Increases OUD patient support.
<b>4.2.5 Provide follow up training providers and prescribers</b>	BHH	Ongoing	Local staff is given follow up training. Increases OUD patient access to continuity of care and MAT.
<b>4.2.6 Train local peer support and family resource centers, emergency services, &amp;c.</b>	BHH	Ongoing	Local counterparts are trained. Increases OUD patient support.
<b>4.2.7 Provide follow up training providers and prescribers</b>	BHH	Ongoing	Local staff is given follow up training. Increases OUD patient support.
<b>4.2.8 CA H&amp;SS Coordinator tracks naloxone training data per CA H&amp;SS metrics &amp; included in quarterly reports</b>	BHH	Ongoing	Naloxone provider training data recorded for quarterly DHCS CA H&SS reports.



*Key Strategy #3: Neonatal Abstinence Syndrome (NAS) Program Training*

Activity	Primary Responsible	Timeline	Outcome
<b>4.3.1 Identify county providers and SUD/OD resources regarding NAS resources and training</b>	BHH/SRTP	July 2017	Key partners identified.
<b>4.3.2 Assess knowledge, skills, and aptitude of county providers and resources on NAS-related services through Needs Assessment</b>	BHH	Ongoing	Needs Assessment will guide academic detailing curricula and schedule for County.
<b>4.3.3 County-specific NAS curricula and training schedule developed</b>	BHH	July 2018	Academic detailing curricula and training schedule for County to train providers about NAS and treatment guidelines/recommendations.
<b>4.3.4 Train providers and prescribers</b>	BHH	Ongoing	Local counterparts are trained. Increases NAS/OD patient support.
<b>4.3.5 Provide follow up training providers and prescribers</b>	BHH	Ongoing	Local staff is given follow up training. Increases NAS/OD patient access to continuity of care and MAT.
<b>4.3.6 Train local peer support and family resource centers, emergency services, &amp;c.</b>	BHH	Ongoing	Local counterparts are trained. Increases NAS/OD patient support.
<b>4.3.7 Provide follow up training providers and prescribers</b>	BHH	Ongoing	Local staff is given follow up training. Increases NAS/OD patient support.
<b>4.3.8 CA H&amp;SS Coordinator tracks NAS training data per CA H&amp;SS metrics &amp; included in quarterly reports</b>	BHH	Ongoing	NAS provider training data recorded for quarterly DHCS CA H&SS reports.